



2021

General Information:

Taxpayer		Spouse	
Yes	No	Yes	No

Do you qualify as disabled?

If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in Oregon for all of 2021, enter the dates you did live in Oregon

Enter the state names other than Oregon where you had income

Education Savings:

Yes	No
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Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Portfolio Number	Account Number	2021 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

American Red Cross		Alzheimer's Disease Research	
Oregon Historical Society		OR Head Start Association	
Child Abuse Prevention		Albertina Kerr Centers	
Habitat for Humanity		Stop Domestic and Sexual Violence ..	
Oregon Food Bank		OR Military Financial Assistance	

Other Charity (Choose up to two of the following):

American Diabetes Association		Oregon Coast Aquarium	
SMART		SOLVE	
St. Vincent de Paul		The Nature Conservancy	
Doernbecher Children's Hospital		Oregon Humane Society	
The Salvation Army		Oregon Veteran's Home	
Planned Parenthood of OR		LIONS	
Shriner's Hospital for Children		Special Olympics Oregon	
Susan G. Komen for the Cure		Cascade AIDS project	
Oregon Nongame Wildlife		Veterans Suicide Prevention	
ALS Association			

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer:	Constitution	Democratic	Independent	Libertarian
	Republican	Pacific Green	Progressive	Working Families
Spouse:	Constitution	Democratic	Independent	Libertarian
	Republican	Pacific Green	Progressive	Working Families

